

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                         |                                   |   |                               |   |   |    |   |   |   |   |
|---|-----------------------------------|---|-------------------------------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>5/25/05</u>                     |                                   | 2 Serial/Patent # <u>10/65327</u>   |                               |   |   |    |   |   |   |   |
| 3 Please refund the following fee(s):                 |                                   | 4 PAPER NUMBER  | 5 DATE FILED                  |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Filing                            |   | \$                            |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Amendment                         |   | \$                            |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>                   | Extension of Time                 |   | <u>5/25/05</u> \$ <u>1080</u> |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Notice of Appeal/Appeal           |   | \$                            |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Petition                          |   | \$                            |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Issue                             |   | \$                            |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Cert of Correction/Terminal Disc. |   | \$                            |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Maintenance                       |   | \$                            |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Assignment                        |   | \$                            |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Other                             |   | \$                            |   |   |    |   |   |   |   |
|   |                                   | 7 TOTAL AMOUNT OF REFUND \$ <u>1080</u>   |                               |   |   |    |   |   |   |   |
|   |                                   | 8 TO BE REFUNDED BY:  |                               |   |   |    |   |   |   |   |
|   |                                   | Treasury Check  |                               |   |   |    |   |   |   |   |
|   |                                   | Credit Deposit A/C #:   |                               |   |   |    |   |   |   |   |
|   |                                   | 9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>0</td><td>8</td><td>--</td><td>0</td><td>7</td><td>5</td><td>0</td> </tr> </table> |                               | 0 | 8 | -- | 0 | 7 | 5 | 0 |
| 0   | 8                                 | --  | 0                             | 7 | 5 | 0  |   |   |   |   |
| 10 REASON:  |                                   |   |                               |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Overpayment                       |   |                               |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Duplicate Payment                 |   |                               |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>                   | No Fee Due (Explanation):         |   |                               |   |   |    |   |   |   |   |
| <u>Extension filed after extendable period</u>        |                                   |   |                               |   |   |    |   |   |   |   |
| 11 REFUND REQUESTED BY:                               |                                   |   |                               |   |   |    |   |   |   |   |
| TYPED/PRINTED NAME: <u>Sherry Brinkley</u>            |                                   | TITLE: <u>Petitions Examiner</u>  |                               |   |   |    |   |   |   |   |
| SIGNATURE: <u>Sherry Brinkley</u>                     |                                   | PHONE: <u>23904</u>   |                               |   |   |    |   |   |   |   |
| OFFICE: <u>Petitions</u>                              |                                   |   |                               |   |   |    |   |   |   |   |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** |                                   |   |                               |   |   |    |   |   |   |   |
| APPROVED: <u>Calvin Kelly</u>                         |                                   | DATE: <u>5/26/05</u>  |                               |   |   |    |   |   |   |   |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: